PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FFF and PUBLICATION FFF (if required). Blocks 1 through 5 should be completed where

Thomas F. Leniha TEKTRONIX, INC M/S 50-LAW P.O. Box 500	n		6 2004 33	Fee(s) Transmittal. The papers. Each additional have its own certificate. Cer I hereby certify that the States Postal Service yeard dressed to the Main and the service with the service of the Main and the service yeard ressed to the Main and the service yeard the service yeard the service years.	mailing can only be used for is certificate cannot be used for all paper, such as an assignment of mailing or transmission. Tificate of Mailing or Transmis Fee(s) Transmittal is being with sufficient postage for fire I Stop ISSUE FEE address TO (703) 746-4000, on the design of the control	for any other accompanying int or formal drawing, must imission g deposited with the United st class mail in an envelope above, or being facsimile
Beaverton, OR 970	77-0001			Marilyn Pa	shby _	(Depositor's name)
/17/2004 MWOLDGE2 0000		23		Marike	m Hiskber	(Signature)
		20		December 4	3, 2004	(Date)
FC:1501 1400.00	0 DA 0 DA					
FC-1504 FC-1800 CATION NO. 3.	DA FILING DATE	FIRST	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,023	07/25/2003		P. E. Ramesh		7408 -US1	3371
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$ 1330- 1	400.	\$300	\$1630 1700.	12/21/2004
EXAMINER ART		ART UNIT	CL	ASS-SUBCLASS		
PERT, EVAN T		2829		324-102000	,	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to			
"Fee Address" indicati PTO/SB/47; Rev 03-02 of		lis	sica, no name wi	•		
"Fee Address" indicati PTO/SB/47; Rev 03-02 of Number is required.		lis				
"Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless	r mòre recent) attached. Us	BE PRINTED ON THE I	PATENT (print of will appear on the	r type)	nee is identified below, the d	ocument has been filed fo
"Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion	BE PRINTED ON THE I elow, no assignee data of this form is NOT a su	PATENT (print of will appear on the substitute for filing	r type)		locument has been filed for
"Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion	BE PRINTED ON THE I elow, no assignee data of this form is NOT a su	PATENT (print of will appear on the state of	or type) the patent. If an assign g an assignment.		locument has been filed fo
"Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TEKTRONIX ase check the appropriate	r more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE C, INC. assignee category or category	lis BE PRINTED ON THE I elow, no assignee data of this form is NOT a su (B) RE	PATENT (print of will appear on the ubstitute for filing SIDENCE: (CIT Beave on the patent):	or type) the patent. If an assign an assignment. Y and STATE OR CO rton, Oregon		
"Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TEKTRONIX ase check the appropriate The following fee(s) are e	r more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE C, INC. assignee category or category	BE PRINTED ON THE I elow, no assignee data of this form is NOT a su (B) RE pries (will not be printed 4b. Pay	PATENT (print of will appear on the bestitute for filing a SIDENCE: (CIT Beave on the patent): //ment of Fee(s):	or type) the patent. If an assign an assignment. Y and STATE OR COurton, Oregon Individual XX C	UNTRY) orporation or other private gre	
"Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TEKTRONIX case check the appropriate The following fee(s) are or	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE C, INC. assignee category or categorical conclused:	BE PRINTED ON THE I elow, no assignee data of this form is NOT a su (B) RE pries (will not be printed 4b. Pay	PATENT (print of will appear on the battett for filing a SIDENCE: (CIT Beave on the patent): //ment of Fee(s): A check in the an	or type) the patent. If an assign an assignment. Y and STATE OR COurton, Oregon Individual XX Countout of the fee(s) is er	UNTRY) orporation or other private grantlessed.	
"Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TEKTRONIX case check the appropriate The following fee(s) are of Issue Fee Publication Fee (No sr	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE C, INC. assignee category or categor enclosed:	BE PRINTED ON THE I elow, no assignee data of this form is NOT a su (B) RE prices (will not be printed 4b. Pay and A	PATENT (print of will appear on the battitute for filing a SIDENCE: (CIT Beave on the patent): The patent of Fee(s): A check in the an Payment by credit	or type) the patent. If an assign an assignment. Y and STATE OR CO TOO, Oregon Individual Co TOO the fee(s) is er t card. Form PTO-203:	UNTRY) orporation or other private gro aclosed. 8 is attached.	oup entity 🖵 Government
"Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TEKTRONIX ase check the appropriate The following fee(s) are or I ssue Fee	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE C, INC. assignee category or categor enclosed:	BE PRINTED ON THE I elow, no assignee data of this form is NOT a su (B) RE prices (will not be printed 4b. Pay and A	PATENT (print of will appear on the battitute for filing a SIDENCE: (CIT Beave on the patent): The patent of Fee(s): A check in the an Payment by credit	or type) the patent. If an assign an assignment. Y and STATE OR CO TOO, Oregon Individual Co TOO the fee(s) is er t card. Form PTO-203:	UNTRY) orporation or other private grantlessed.	oup entity 🚨 Governmen

interest as shown by the records of the United States Patent and Trademark Office. December 13, 2004 Authorized Signature

Thomas F. Lenihan Registration No. 32.152Typed or printed name _

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.